

Missouri Department of Health & Senior Services

Health Update:**Update 2:
Mumps Outbreak
in Missouri****February 15, 2017**

This document will be updated as new information becomes available. The current version can always be viewed at <http://www.health.mo.gov>.

The Missouri Department of Health & Senior Services (DHSS) is now using 4 types of documents to provide important information to medical and public health professionals, and to other interested persons:

Health Alerts convey information of the highest level of importance which warrants immediate action or attention from Missouri health providers, emergency responders, public health agencies or the public.

Health Advisories provide important information for a specific incident or situation, including that impacting neighboring states; may not require immediate action.

Health Guidances contain comprehensive information pertaining to a particular disease or condition, and include recommendations, guidelines, etc. endorsed by DHSS.

Health Updates provide new or updated information on an incident or situation; can also provide information to update a previously sent Health Alert, Health Advisory, or Health Guidance; unlikely to require immediate action.

Office of the Director
912 Wildwood
P.O. Box 570

Jefferson City, MO 65102
Telephone: (800) 392-0272

Fax: (573) 751-6041

Website: <http://www.health.mo.gov>

**Health Update
February 15, 2017**

**FROM: RANDALL WILLIAMS, MD
ACTING DIRECTOR**

SUBJECT: Update 2: Mumps Outbreak in Missouri

On November 18, 2016, the Missouri Department of Health and Senior Services (DHSS) released a Health Advisory entitled “Mumps Cases in Central Missouri.” The purpose of this Advisory was to alert health care providers of the outbreak of mumps among Missouri college students, to provide guidance on clinical and laboratory diagnosis, and to provide guidance on measures to control infection transmission. This notification is available at:

<http://health.mo.gov/emergencies/ert/alertsadvories/pdf/advisory111816.pdf>

On December 8, 2016, DHSS released a Health Update entitled “Update 1: Mumps Outbreak in Missouri.” The purpose of this Update was to provide current information on the status of the mumps outbreak at the University of Missouri in Columbia. This notification is available at:

<http://health.mo.gov/emergencies/ert/alertsadvories/pdf/hu12816.pdf>

This Health Update provides new information on the status of the outbreak, as well as on additional cases reported in Missouri. The new information is in blue.

The Columbia/Boone County Department of Public Health and Human Services (CBCDPHHS), other local public health agencies (LPHAs) in Missouri, and DHSS continue to receive additional reports of mumps cases among persons associated with the University of Missouri in Columbia (MU). A total of 361 laboratory-confirmed and probable cases of mumps associated with the MU outbreak have been reported as of February 7, 2017. Additionally, mumps activity was reported at 14 other colleges or universities during this same time period.

A third dose of MMR vaccine has been used during prior mumps outbreaks in university settings. While no national recommendation exists and the effectiveness of a third MMR dose has not been clearly established, the Centers for Disease Control and Prevention (CDC) has provided guidelines for considering its use during outbreaks. Factors that might trigger this recommendation include outbreaks among populations with 2-dose MMR vaccination (coverage of > 90%), intense exposure settings such as universities, evidence of sustained transmission (>2 weeks), and high attack rates (>5 cases per 1,000 population). In December, after it had been determined that these criteria had been met, MU in collaboration with CBCDPHHS and DHSS began recommending a third dose of MMR vaccine for MU students unless otherwise contraindicated. As of February 7, 2017, more than 2,325 MU students were reported to have received a third dose of MMR vaccine.

Mumps continues to have a presence on the MU campus despite the implementation of traditional control measures, the recommendation for a third dose of MMR vaccine, and a reduced student population on campus during the winter break. In response to continued new case reports, MU has scheduled a mass vaccination clinic for MU students to ensure the availability of a third dose of MMR vaccine.

There is evidence that mumps is also circulating outside higher education institutions. Twenty-two counties in Missouri, including Boone County, have had at least one

confirmed or probable mumps case reported since August 22, 2016. As of February 7, 2017, the statewide case count was 396 during this time period. Health care providers should maintain a high index of suspicion for mumps among persons with symptoms compatible with the disease, and mumps should not be ruled out because of history of appropriate vaccination in a person with suspected mumps. Additionally, health care providers should consider evaluating patients for MMR catch-up dose(s) as appropriate.

DHSS and CDC recommend the following infection control measures for patients known or suspected of having mumps:

- In a health care setting: use droplet precautions, in addition to standard precautions, for 5 days after onset of parotitis.
- Isolation from the community: The patient should stay home, not go to school or work, and avoid prolonged, close contact with other people until at least 5 days after onset of parotitis.
- Cover mouth and nose with a tissue or in the elbow when coughing or sneezing, not the hands.
- Wash hands often with soap and water.
- Avoiding sharing drinks or eating utensils.
- Disinfecting frequently-touched surfaces, such as toys, doorknobs, tables, and counters.

Persons who were contacts of a mumps case during the 2 days prior through 5 days after onset of parotitis in a diseased person should be identified, assessed for evidence of immunity (see <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm>, Table 3), and offered vaccine as appropriate. In addition, all contacts should be educated on the symptoms of mumps, instructed to watch for symptoms from 12 to 25 days after the last exposure, and told to isolate themselves and contact their medical provider and their local health department if symptoms develop.

The Missouri State Public Health Laboratory (MSPHL) provides laboratory support for the diagnosis of mumps infections occurring in Missouri. Laboratory testing should be performed if mumps is suspected. Specimen collection should include a buccal or oral swab specimen in viral transport; **AND** blood specimens. **Note:** before any specimen is sent to MSPHL, DHSS must first be consulted for approval of testing as resources are limited, and to ensure appropriate testing. Health care providers caring for a patient suspected of having mumps should contact their LPHA, or DHSS at 573/751-6113 or 800/392-0272 (24/7), to report suspected cases of mumps and to discuss testing at MSPHL.

For more information and guidance on mumps including, but not limited to, the challenges and availability of laboratory testing, laboratory results interpretation, controlling transmission, and links to additional resources, please visit the DHSS Health Advisory “Mumps Cases in Central Missouri” released on November 18, 2016, at: <http://health.mo.gov/emergencies/ert/alertsadvories/pdf/advisory111816.pdf>

Questions should be directed to DHSS’ Bureau of Communicable Disease Control and Prevention at 573/751-6113 or 800/392-0272 (24/7).

Missouri Department of Health & Senior Services

**Health
Update:****Update 8: Zika Virus
Testing Through the
Missouri Department
of Health and Senior
Services****December 29, 2017**

This document will be updated as new information becomes available. The current version can always be viewed at <http://www.health.mo.gov>.

The Missouri Department of Health & Senior Services (DHSS) is now using four types of documents to provide important information to medical and public health professionals, and to other interested persons:

Health Alerts convey information of the highest level of importance which warrants immediate action or attention from Missouri health providers, emergency responders, public health agencies or the public.

Health Advisories provide important information for a specific incident or situation, including that impacting neighboring states; may not require immediate action.

Health Guidances contain comprehensive information pertaining to a particular disease or condition, and include recommendations, guidelines, etc. endorsed by DHSS.

Health Updates provide new or updated information on an incident or situation; can also provide information to update a previously sent Health Alert, Health Advisory, or Health Guidance; unlikely to require immediate action.

Office of the Director
912 Wildwood
P.O. Box 570
Jefferson City, MO 65102
Telephone: 800-392-0272
Fax: 573-751-6041

Website: <http://www.health.mo.gov>

**Health Update
December 29, 2017**

**FROM: RANDALL W. WILLIAMS, MD, FACOG
DIRECTOR**

**SUBJECT: Update 8: Zika Virus Testing Through the Missouri
Department of Health and Senior Services**

The Missouri Department of Health and Senior Services (DHSS) will no longer provide Zika testing services for the routine testing of asymptomatic pregnant women who have had possible recent, but not ongoing, Zika virus exposures. On July 24, 2017, the Centers for Disease Control and Prevention (CDC) published updated guidance, indicating the routine testing of these persons is no longer recommended. The updated testing guidance was due in part to the declining prevalence of Zika virus disease in the World Health Organization's Region of the Americas, resulting in an increased likelihood of a false-positive test result. The updated interim CDC guidance for health care providers is available at:

<https://www.cdc.gov/mmwr/volumes/66/wr/pdfs/mm6629e1.pdf>.

Zika virus testing is recommended, and remains available through the Missouri State Public Health Laboratory (MSPHL), for the following:

- Anyone with recent possible Zika virus exposure and who has, or recently experienced, one or more symptoms of Zika virus disease. The symptoms of Zika virus disease include acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis.
- Pregnant women who have recent possible Zika virus exposure and who have a fetus with prenatal ultrasound findings consistent with congenital Zika virus syndrome.
- Asymptomatic pregnant women with ongoing possible Zika virus exposure. Persons with ongoing possible Zika virus exposure include those who reside in, or frequently travel (e.g., daily or weekly) to, an area with risk for Zika virus transmission.

Zika virus testing is also recommended for infants with clinical findings consistent with congenital Zika syndrome who were born to mothers with possible Zika virus exposure during pregnancy, regardless of maternal test results, and for infants without clinical findings consistent with congenital Zika syndrome who were born to mothers with laboratory evidence of possible Zika virus infection. CDC published updated guidance for the diagnosis, evaluation, and management of infants with possible congenital Zika virus infection on October 20, 2017. It is available at:

<https://www.cdc.gov/mmwr/volumes/66/wr/pdfs/mm6641a1.pdf>.

The definition of possible Zika virus exposure has not changed, and includes travel to, or residence in, an area with risk for mosquito-borne Zika virus transmission, or sex with a partner who has traveled to or resides in an area with risk for mosquito-borne Zika virus transmission. Areas with risk of Zika can be found on the CDC Zika Travel Information webpage at:

<https://wwwnc.cdc.gov/travel/page/zika-information>.

Despite the declining prevalence of Zika virus disease, all pregnant women in the United States should be asked about possible Zika virus exposure before and during the current pregnancy, at every prenatal care visit. In addition, pregnant women are recommended to not travel to any area with risk for Zika virus transmission. It is also recommended that pregnant women with a sex partner who has traveled to, or lives in, an area with risk for Zika virus transmission use condoms or abstain from sex for the duration of the pregnancy. Additional guidance for the prevention of sexual transmission of Zika is available at: <https://www.cdc.gov/zika/hc-providers/clinical-guidance/sexualtransmission.html>.

Healthcare providers with questions regarding Zika testing, or who wish to request testing of a patient, should contact DHSS' Bureau of Communicable Disease Control and Prevention, Monday through Friday, 8:00AM to 5:00PM, at 573-751-6113; after hours/weekends, 800-392-0272 (24/7). For all other questions about Zika, contact DHSS' Office of Veterinary Public Health, Monday through Friday, 8:00AM to 5:00PM, at 573-526-4780; after hours/weekends, 800-392-0272 (24/7).